

FRATERNAL SOCIETIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____ **E-MAIL:** _____
REQUIRED FILINGS IN THE STATE OF: ARIZONA **Filings Made During the Year 2006**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")		1	1	3/1	NAIC	A THROUGH Q
	1.1	Printed Investment Schedule detail (Pages E01-E25)		1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")		1	xxx	5/15, 8/15, 11/15	NAIC	F, P, R
	3	Separate Accounts Annual Statement (8 ½"x 14")		1	1	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit		1	1	4/1	NAIC	
	11	Interest Sensitive Life Insurance Products Report		1	xxx	4/1	NAIC	
	12	Investment Risk Interrogatories		1	1	4/1	NAIC	
	13	Long Term Care Experience Reporting Forms		1	xxx	4/1	NAIC	
	14	Management Discussion & Analysis		1	1	4/1	Company	F, O
	15	Medicare Supplement Insurance Experience Exhibit		1	xxx	3/1	NAIC	
	16	Risk-Based Capital Report		1	xxx	3/1	NAIC	
	17	Statement of Actuarial Opinion		1	1	3/1	Company	
	18	Statement on non-guaranteed elements – Exhibit 5 Interr. #3		1	1	3/1	Company	
	19	Statement on participating/non participating policies – Exhibit 5, Interr. #1		1	1	3/1		
	20	Supplemental Compensation Exhibit		N/A	N/A	3/1	NAIC	
	21	Trusted Surplus Statement - ANNUAL STATEMENT		1	Xxx	3/1	NAIC	
		QUARTERLY STATEMENT		1	xxx	5/15, 8/15, 11/15		
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing		1	xxx	3/1	NAIC	P
	31	March .PDF Filing		1	xxx	3/1	NAIC	
	32	Separate Accounts Electronic Filing		1	xxx	3/1	NAIC	P
	33	Separate Accounts .PDF Filing		1	xxx	3/1	NAIC	
	34	Supplemental Electronic Filing		1	xxx	4/1	NAIC	
	35	Supplemental .PDF Filing		1	xxx	4/1	NAIC	
	36	Quarterly Statement Electronic Filing		1	xxx	5/15, 8/15 & 11/15	NAIC	P
	37	Quarterly .PDF Filing		1	xxx	5/15, 8/15 & 11/15		
	38	June .PDF Filing		1	xxx	6/1	NAIC	P
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications		N/A	N/A		Company	
	52	Audited Financial Statements		1	1	6/1	Company	F, O
	53	Audited Financial Statements Exemption Affidavit		N/A	1	6/1	Company	
	54	Independent CPA		N/A	N/A		Company	
	55	Notification of Adverse Financial Condition		N/A	1	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls		N/A	1	6/1	Company	
	57	Request for Exemption to File		N/A	N/A	5/31	Company	
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance		0	1	3/1	State	O
	102	Certificate of Deposit		0	1	3/1	State	O
	103	Certificate of Valuation		0	1	3/1	State	O
	104	Filings Checklist (with Column 1 completed)		1	0	3/1	State	
	105	Premium tax		0	1	3/1	State	C,D
	106	State Filing Fees		0	1	3/1	State	D,Q
	107	Signed Jurat		xxx	0	3/1	NAIC	L
	108	Audited Financial Report Transmittal Form E-AFR		0	1	6/1	State	F, O
	109	Annual Statement Filings Worksheet Form E-WORKSHEET.FOREIGN		0	1	3/1	State	F, O
	110	Certificate of Disclosure Form E-178		0	1	3/1	State	F, O
	111	Management Discussion and Analysis Transmittal Form E-MDA		0	1	4/1	State	F, O

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	OBTAIN AND READ DEPARTMENTS DETAIL INSTRUCTIONS ON OUR WEB SITE AT http://www.id.state.az.us/annforms.html
	A	Required Filings Contact Person:	Rose McNabb (602) 364-3985 OR e-mail address rmcnabb@id.state.az.us
	B	Mailing Address:	Arizona Department of Insurance Attn: Annual Statement Coordinator Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269
	C	Mailing Address for Filing Fees: Amounts specified on Annual Tax and Fees Report form located on our web site at http://www.id.state.az.us/taxforms.html	Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269
	D	Mailing Address for Tax Payments: Fraternal Benefit Societies are exempt from premium tax however, an Annual Tax and Fees Report must be completed and any retaliatory amount due must be paid with report.	Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269 <u>Contact Person:</u> Gordon Thoreson (602) 364-3245 or Richard Johnson (602) 364-3247 <u>Contact Person for Installment Tax:</u> June Denise Bittner (302) 364-3246
	E	Delivery Instructions:	FOREIGN COMPANIES DUE 3/1 All packages must bear U.S. Postmark or courier service pick-up date no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings: License will be summarily suspended if Certificate of Authority renewal fee is not paid when due or if financial condition is unknown due to failure to file annual statement.	Penalties Assessed to date of receipt as follows: Up to \$25.00 per day – Annual Statement, Actuarial Opinion, Management Discussion and Analysis, annual fees or other deficiencies described in Form E-INSTRUCTION.FOREIGN. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$25.00 per day – Audited Financial Report. In all cases, the Department of Insurance uses the USPS postmark as the date filed.
	G	Original Signatures:	Foreign: Signers names and titles must appear on Jurat Page, but original signatures are <u>not</u> required.
	H	Signature/Notarization/Certification:	<u>NOTARIZED SIGNATURES OF AT LEAST TWO EXECUTIVE OFFICERS, WHO ARE LISTED ON THE JURAT PAGE.</u>
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings:	<u>EXEMPTIONS:</u> Annual Statement filing exemption – NONE. AFR exemption according to NAIC Annual Statement Instruction. <u>EXTENSION:</u> Approved for catastrophic event only.
	K	Bar Codes (State or NAIC)	NAIC Instructions.

	L	Signed Jurat	Not applicable. All insurers must file hard copy Annual Statement.
	M	NONE Filings:	Every page of the annual statement should be accounted for in consecutive page number order. If several consecutive pages are "None," or, in case of some investment schedules which are not filed in hard copy in all states, the appropriate page numbers with exhibit or schedule headings may be listed on one page and the page inserted in the appropriate location in the annual statement. See NAIC Annual Statement Instructions for Supplemental Interrogatories. Exceptions to these instructions are noted on the form. All State forms must be completed or stamped "None" if no entries on the form, and returned as instructed.
	N	Filings new, discontinued or modified materially since last year:	See Form E-INSTRUCTION.FOREIGN
	O	Detailed filing instructions and forms: Available on our web site at http://www.id.state.az.us/annforms.html	See Form E-INSTRUCTION.FOREIGN
	P	Diskette Filings:	Diskette Filings are not required with Arizona. File only with NAIC if not filing via Internet.
	Q	State Filing Fees See notes C and D.	Refer to the Tax Report Forms and Instructions available on our web site http://www.id.state.az.us/taxforms.html
	R	Quarterly Financial Statements	Foreign Insurers except Mortgage Guaranty Insurers ARE NOT REQUIRED to file Quarterly Statements with the Arizona Department of Insurance. Foreign Insurers must file quarterly statements with NAIC and state of domicile.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is .pdf files for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplements due April 1.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.